

TEXAS STATE BOARD OF VETERINARY MEDICAL EXAMINERS <u>APPLICATION FOR TEMPORARY EMERGENCY LICENSE</u> "ALEX"

PURPOSE This application is required for eligible persons to apply for and receive a temporary emergency license to practice veterinary medicine in the State of Texas. **ONCE GRANTED, THIS LICENSE EXPIRES ON July 27, 2010.**

APPLICATION The <u>completed</u> application must be received in the Board office prior to a temporary emergency license being issued. There is **no fee** payable for this particular, limited license. All requested data and information must be given. This application will not be processed nor will a temporary emergency license be issued unless the completed form has been received in its entirety.

APPLICATION SUBMISSION Please mail, hand-deliver or fax the application to: Texas State Board of Veterinary Medical Examiners, 333 Guadalupe Street, Tower 3, Suite 810, Austin, Texas 78701 or fax (512)305-7556.

I. G	ENERAL IN	IFORMATION								
1.	(a) Full	Name (Last)_			(First)		(Middle)_			
	(b) Social S	Security Number								
	(c) Maiden Name (If applicable)									
	(d) Have you ever used any other name or has your name ever been changed? If "yes", please explain (e.g. marriage, etc.)									
	(e) Have you ever applied to this agency before?If "yes", please give the approximate date and name									
	under which	h you applied and	d for what you ap	oplied						
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2.	Present Ma	iling Address:			CI.					
					City		Sta	<u> </u>		
	Zip		<u>—</u>							
2	Duogont Dhe	one Number:								
3.					•					
	(a) Residence:(b) Work:			(c) ((c) Cell Phone:					
	(d) E-mail address:									
	(d) E-mail address:									
	(f) Driver's License Number and State in which issued:									
	(-)									
5.	Give date	and place of	birth:							
•							0 77 '			
6.	Give ac	curately your	present: F	Ieight	Weight	Colo	r of Hair	Color of		
								e location and		
	description						•			
							•			
7.	Give the date and school where you began veterinary college/university: Date									
	School and give the date and school from which you graduate Date Name of veterinary college/university (if graduate of a foreign veterinary college, please give the name									
	the country, too)									
TT ·	I ICENSES	AND CERTIFIC	PATTONS	•		•				
11.	LICENSES A	AND CERTIFIC	ATIONS war been licence	d to practice	veterinary medici	ine in another sta	te country or juris	sdiction?If "yes"		
1.		plete the following		a to practice	votormary modio	ino in unioniei bu	,, , , , , , , , , , , , , , , , , , ,	,		
	prease com		<u>''5.</u>							
l s	state*	Lic. No.	Issue Date	Active?	Yrs. Prac.	DEA#	Issue Date	DEA Active?		
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II.			1	1	1	1	ĺ	1 11		

We will contact the respective state(s) to verify licensure and standing.

III. SUBMITTING APPLICATION

- 1. The application must be mailed, hand-delivered or faxed to: TEXAS STATE BOARD OF VETERINARY MEDICAL EXAMINERS, 333 Guadalupe Street, Tower 3, Suite 810, Austin, Texas 78701, fax (512) 305-7556.
- 2. Upon receipt of this application and after verification of licensure and standing in the state through which you seek this temporary emergency license, such a license will be issued to you.
- 3. YOU CANNOT PRACTICE VETERINARY MEDICINE PRIOR TO BEING ISSUED THIS T.E.L. IN TEXAS, IT IS REQUIRED THAT YOU POSSESS A TEXAS DEPT. OF PUBLIC SAFETY NARCOTICS REGISTRATION IN ORDER TO UTILIZE CONTROLLED SUBSTANCES. IT IS A STATE JAIL FELONY TO PRACTICE WITHOUT A DPS REGISTRATION. Information regarding this registration is attached to this application. You will need to be in direct contact with the TX DPS to attain a DPS registration AFTER you have attained this temporary emergency license.

IV. AFFIRMATION

In addition to the foregoing:

- (a) I hereby give my permission to the Texas State Board of Veterinary Medical Examiners to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire, including myself, and I hereby authorize any person, firm, company or organization to furnish any information requested by the Board.
- (b) I further agree to submit to questioning by the Board or its staff to substantiate my statements.

qualifications. I agree that any falsification, applicant shall be sufficient to bar me from the	, the applicant herein state that all facts, statements, and answ in I am not omitting any information which might be of value to this Board in determining mission, or withholding of pertinent information or facts concerning my qualifications as or any future examination given by the Texas State Board of Veterinary Medical Examination shall serve as sufficient grounds for disciplinary actions by the Texas State Board	my an ers
APPLICANT SIGNATURE	DATE	

Controlled Substances Registration Program Texas Department of Public Safety P.O. Box 4087 5805 N Lamar Austin, Texas 78773

A veterinarian is in violation of state civil and criminal statutes if he/she administers or dispenses controlled substances, unless the veterinarian is registered with the Texas Department of Public Safety (DPS).

Please contact the Texas DPS to obtain your application for registration. The web site is: www.txdps.state.tx.us/crs, or call 512-424-2188. You will need to provide your name, including your degree (i.e. DVM) or business activity, mailing address and telephone number.

CONTROLLED SUBSTANCE REGISTRATION REQUIREMENTS

The Board has seen an increasing number of licensees who were unaware that they were required to obtain a Texas Department of Public Safety (DPS) Controlled Substances Registration prior to utilizing controlled substances. Many had confused the requirements with those for a DEA Controlled Sub-

stances Registration. These are actually two different registrations and a licensee may be required to have one or both.

Below is a chart that outlines when a licensee must obtain each registration. This chart is based on Board rule §573.43, Misuse of DEA Narcotics Registration, which in turn is based on Texas Department of Public Safety Texas Administrative Code (TAC), Chapter 13, Subchapter B, rule §13.21, Who Must Register; and Title 21 of the United States Code, Controlled Substances Act, Section 822, Persons Required to Register. Please contact our office should you have any questions.

R If you utilize controlled substances in any way would ust have a DPS Controlled Substances Registration!

When Do I Need A...

DPS Commolled Substances Registration

You must obtain a DPS Controlled Substances Registration if you:

- Distribute Controlled Substances;
- Deliver Controlled Substances;
- Prescribe Controlled Substances;
- · Possess Controlled Substances;
- Dispense Controlled Substances; or
- Conduct research with Controlled Substances.

Waiver

There are no waivers or exceptions provided for this registration. If you utilize controlled substances in any way, you must have a DPS controlled substances registration.

DEA Controlled Substances Registration

You must obtain a DEA Controlled Substances Registration if you:

- Prescribe Controlled Substances;
- Dispense Controlled Substances;
- Deliver Controlled Substances; or
- Order Controlled Substances delivered.

Waiver

You are not required to have a DEA CS Registration if you:

- Are supervised or employed by a DEA registered veterinarian; and
- The registrant has knowledge that you are dispensing and/or administering controlled substances in the usual course of your duties; and
- You have written permission from the registrant to dispense/administer under their registration; and
- The Registrant has actual knowledge that you hold a <u>CURRENT</u> DPS Controlled Substances Registration Certificate.

If you have met all of these requirements, you may dispense and administer controlled substances. However, you may not procure, purchase or issue a prescription for a controlled substance.